

**Nevada Division of Insurance
Network Adequacy Declaration Document
Plan Year 2019**

1. Carrier affirms that it will comply with Nevada’s Network Adequacy laws and regulations.

If response is No, a justification must be provided. Justifications will be reviewed by the Nevada Division of Insurance on a case-by-case basis in review of this form.

Yes No

2. Carrier affirms that it will maintain a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay. This includes providers that specialize in mental health and substance abuse services for all plans except dental plans.

If response is No, a justification must be provided. Justifications will be reviewed by the Nevada Division of Insurance on a case-by-case basis in review of this form.

Yes No

3. Carrier affirms that network data provided is representative of contracts expected to be in place January 1st, 2019 and that all data submitted is accurate and current as of the date of filing.

If response is No, a justification must be provided. Justifications will be reviewed by the Nevada Division of Insurance on a case-by-case basis in review of this form.

Yes No

4. Carrier affirms that it will maintain current directory links (i.e. provider and drug formulary) and inform the Division of any changes in the URL within 72 hours.

If response is No, a justification must be provided. Justifications will be reviewed by the Nevada Division of Insurance on a case-by-case basis in review of this form.

Yes No

5. Please provide a detailed description of the company’s process for updating your provider directory to comply with NAC 687B.778. The response should include a detailed description of the process by which the company responds to a consumer complaint related company’s provider directory which incorrectly indicates a provider is accepting new patients. Include in the response the average time required from the date of complaint to the date the provider directory is updated.

6. Please provide a list of Telehealth services.

a. For any providers acting as a Distant site as defined by NRS 629.515 4.(a) please indicate by adding (T) after the provider's last name on the CMS ECP/Network Adequacy template. List below the total number of Distant sites flagged in the CMS ECP/Network Adequacy template.

b. Please indicate the utilization by specialty for your membership.

7. Please provide a list of all providers designated as providing autism services or autism applied behavioral analysis such as licensed psychologist, licensed behavior analyst, licensed assistant behavior analyst, registered behavior technician, state certified behavior interventionist, or any other autism provider designation for each Network ID defined within the CMS Network ID Template. Use the Autism Provider Template provided on the Division's website.

8. Carrier affirms that it will comply with Nevada's Network Adequacy requirements pertaining to benefits relating to reproductive health care, hormone replacement therapy and preventative health care; specifically the provider requirements outlined in SB233 which was passed during the 2017 Nevada legislative session. The provider requirements are specified in Section 12, Subsection 2 of SB233.

If response is No, a justification must be provided. Justifications will be reviewed by the Nevada Division of Insurance on a case-by-case basis in review of this form.

Yes No

Signature

Date

Print Name

Title/Position